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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Peru

Proposed UNFPA assistance:	$20 million, $7 million from regular resources and $13 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2001-2005)
Cycle of assistance:	Sixth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.4	11.6	16.0
Population and development strategies	1.2	1.4	2.6
Advocacy	0.8	-	0.8
Programme coordination and assistance	0.6	-	0.6
Total	7.0	13.0	20.0

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INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	56	≥60
Contraceptive prevalence rate (%)[2]	64	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	0.28	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	57.5	≤65
Infant mortality rate (per 1,000 live births)[5]	45	≤50
Maternal mortality ratio (per 100,000 live births)[6]	270	≤100
Adult female literacy rate (%)[7]	83	≥50
Secondary net enrolment ratio (%)[8]	94	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1. Electronic database, World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6. The World Bank, *World Development Indicators, 2000*.
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	25,662	Annual population growth rate (%)	1.60
Population in year 2015 (000)	31,876	Total fertility rate (/woman)	2.64
Sex ratio (/100 females)	98.4	Life expectancy at birth (years)	
Age distribution (%)		Males	67.3
Ages 0-14	33.4	Females	72.4
Youth (15-24)	20.4	Both sexes	69.8
Ages 60+	7.2	GNP per capita (U.S. dollars, 1998)	2440

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2001-2005 to assist the Government of Peru in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $20 million, of which $7 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $13 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to the country. Peru is a "Category B" country under the UNFPA resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account national policies and priorities. It is based on the UNFPA Country Population Assessment (CPA) which was jointly conducted by the Government and UNFPA and completed in May 2000. The proposed programme is in line with the Common Country Assessment (CCA) completed in 1998 and the United Nations Development Assistance Framework (UNDAF), 2000-2001. The proposed programme would be harmonized with the programme cycles of the other United Nations Development Group (UNDG) partners.

3. The Government of Peru is seeking to harmonize population dynamics with sustainable development; promote reproductive rights and reproductive health, including family planning and sexual health, with special attention to the needs of adolescents; and promote gender equality and equity, including equal socio-economic opportunities and the prevention of gender-based violence. The overall goal of the proposed programme would be to contribute to these national efforts aimed at improving the quality of life of the Peruvian people.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly in its resolution 49/128.

Background

5. Peru's demographic situation is characterized by the fast pace of its demographic transition. There has been a significant reduction in mortality and fertility rates and an acceleration in urban population growth, fuelled by rural-to-urban migration. The annual population growth rate declined from 2.8 per cent in the period 1961-1972 to 1.7 per cent in 1998.[1] The Peruvian population was estimated to be 25.7 million in mid-2000. It is one of the

[1] *Unless otherwise indicated, the data given in the text are from governmental sources and may vary from the data in the fact sheet.*

most heterogeneous in the region, consisting of a large variety of ethnic and cultural groups with sharp socio-economic differences. High levels of poverty, social marginalization and inequality constitute the core of Peru's social and economic development challenges. The 1998 National Households Survey estimated that 37.3 per cent of Peruvians live in poverty, while extreme poverty affects 15.6 per cent of the population. High levels of poverty are especially widespread among the indigenous population groups, which are estimated to account for approximately one-third of the total population.

6. According to the 1996 Demographic and Health Survey (DHS), the contraceptive prevalence rate increased from 57 per cent in 1990 to 64 per cent in 1996, with the use of modern contraceptive methods increasing from 31 per cent to 42 per cent. The total fertility rate (TFR) has declined significantly, from 6.8 children per woman in 1965 to 3.5 in 1996. However, there are marked differences in the indicators depending on geographical, socio-cultural and economic settings. The results of the 1996 DHS show that poor and less educated women have higher fertility and mortality rates than better educated and wealthier women. Although the desired number of children reported by women without formal education was 3.5, their TFR was 6.9 children per woman. Educated women had a TFR of 2.1 children per woman. Overall, the fertility for girls aged 15-19 is 75 births per 1,000 women. Fertility in this age group is almost three times higher in rural areas than in urban areas. The 1996 DHS estimated that 11 per cent of girls aged 15-19 were mothers or were pregnant with their first child. In rural areas the maternal mortality ratio is over 450 per 100,000 live births. Among women with no formal education it is around 490 per 100,000 live births, while it is around 50 per 100,000 live births among women with secondary or higher education. The main causes of maternal death are haemorrhages and unsafe abortion.

7. Since the first HIV/AIDS case was detected in Peru, in 1983, the rate of HIV/AIDS infection has accelerated, especially in the large cities. As of January 2000, the total number of reported cases of AIDS was 9,611. UNAIDS estimates that as many as 61,000 adults and children may be living with HIV/AIDS in Peru.

8. In 1982, Peru ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). There has been important, although still insufficient, progress in the area of gender equality and women's empowerment. A key factor in the progress has been the expansion of the education system, which has led to an increase in female enrolment in primary and secondary schools and a decline in female illiteracy. Education has helped to increase the number of women employed in the public and private sectors.

Previous UNFPA assistance

9. UNFPA assistance to Peru began in 1972. The fifth country programme, 1997-2001, was approved by the Executive Board in the amount of $15.0 million, of which $9.5 million was to be from regular resources and $5.5 million through co-financing and/or other resources. The country programme was shortened by one year to synchronize with the programme cycles of

UNDP and UNICEF. The estimated total expenditure under the fifth country programme is $11.0 million, of which $7.5 million is from regular resources. The shortening of the programme by one year and the expenditure ceilings imposed because of the Fund's financial constraints led to the total expenditure being lower than the amount approved for the programme.

10. The evaluation of the fifth country programme indicated that the Fund's contributions had been strategic. UNFPA support in the area of reproductive health contributed to the effective incorporation of ICPD goals in the agendas of Government and civil society organizations. UNFPA provided technical assistance for the elaboration of national family planning norms; baseline studies on the quality of services from the user's perspective; the assessment of men s reproductive health needs; and the incorporation of reproductive health and reproductive rights components in social programmes with national coverage. Two significant programme achievements are: (a) the creation of a training and supervision model for reproductive health, developed in conjunction with national universities, taking into account cultural and regional particularities. Five universities in different regions of the country will use the training module to provide in-service training on reproductive health to Ministry of Health personnel; and (b) the incorporation of sex education in the school curricula through support for the National Sex Education Programme (NSEP). With UNFPA support, 49,000 primary and secondary school teachers were trained on sex education and over 3 million school children have received sex education since the programme was launched in 1996.

11. In the area of population and development strategies a key achievement is the promulgation of the National Population Plan (NPP), 1998-2002. UNFPA contributed to the design, formulation and implementation of the NPP. Support was provided to promote the consideration of population dynamics and socio-economic interactions in the design, formulation and implementation of development plans and programmes; the development of proposals and networks for South-South cooperation; advocacy events on ageing; the design and establishment of an integrated database to monitor the implementation of the ICPD Programme of Action and the NPP; and meetings with academics and parliamentarians to create a Peruvian Population Association.

12. In the area of advocacy, UNFPA support helped to promote a favourable environment for reproductive health, reproductive rights, gender equity and women's empowerment. One significant achievement was the establishment of a Tripartite Commission for the Follow-up of the ICPD Programme of Action implementation in Peru (TPC-ICPD), which, inter alia, promotes active partnerships between civil society and the Government. The Commission, which is composed of 24 governmental institutions, non-governmental organizations (NGOs) and donors, plays an important oversight role in monitoring public policies and programmes. UNFPA also supported several advocacy activities, including workshops, seminars and research studies, for the review and revision of laws and legal instruments that hinder the exercise of reproductive rights and gender equity and equality. UNFPA was directly involved in the development and approval process of the National Reproductive Health and Family Planning Programme and the National Plan for Equal Opportunities for Men and Women 2000-2005. With support from

UNFPA, reproductive health activities for military personnel were undertaken to promote the participation of men in family planning and the prevention of HIV/AIDS.

13. Key lessons learned from the previous programme include the following: (a) a critical mass of articulate population experts is necessary to ensure that population and development linkages are recognized by decision makers and professionals at all levels; (b) regular supervision and additional training of service providers is necessary in order to address the lack of integrated reproductive health services of good quality; (c) active community participation in the planning, implementation, management and evaluation of interventions is essential to reduce maternal mortality; (d) adolescent reproductive health messages and materials designed to reach young people should take into account socio-cultural factors and should not rely solely on bio-medical perspectives; (e) to sustain the success of the NSEP it is necessary to reinforce the monitoring and evaluation system and to maintain a teacher training programme, including regular refresher training; (f) the TPC-ICPD has proved to be an effective mechanism for the coordination and evaluation of the implementation of the ICPD Programme of Action; and (g) the incorporation of reproductive health and prevention of gender violence components in social programmes with national coverage -- for example, adult literacy, day care centres, and youth vocational training -- proved highly effective.

Other external assistance

14. During the period 1994-1998, Peru received $157 million for population activities from international sources. About 80 per cent of the contributions were from bilateral donors, including the United States Agency for International Development (USAID), the United Kingdom's Department for International Development (DFID), the German Agency for Technical Cooperation (GTZ) and the Government of the Netherlands. The remainder of the assistance came from United Nations entities, including UNFPA, UNICEF, UNAIDS, the Pan American Health Organization (PAHO), the World Bank, the Inter-American Development Bank and international NGOs such as the Nippon Foundation, the Ford Foundation, the International Planned Parenthood Federation (IPPF), Pathfinder International and The Population Council. Since 1997, there has been a decline in international resources for population and reproductive health activities in Peru.

Proposed programme

15. The overall goal of the proposed programme is noted in paragraph 3. UNFPA assistance would be channelled through three subprogrammes, in the areas of reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender concerns would be mainstreamed in all three subprogrammes. UNFPA would support Government institutions at the central level and in 10 departments, targeting marginal urban areas and rural zones of extreme poverty. At the central level, support would be provided for the development and adoption of national strategies, policies, norms and legal frameworks in the areas of population and reproductive health. Assistance at the decentralized level would be

channelled through government social programmes with national coverage and projects specifically aimed at priority target groups, implemented by NGOs, local governments and universities. The three subprogrammes would target the same 10 departments, promoting coordination and seeking synergies between the interventions supported by UNFPA, the Government, NGOs and other development partners.

16. Reproductive health subprogramme. The purposes of the reproductive health subprogramme would be to contribute to: (a) integrating reproductive health services, in the context of the health sector reform; (b) increasing the utilization of quality reproductive health information and services that include gender and socio-cultural perspectives; (c) reducing maternal mortality; and (d) improving reproductive health information and services for adolescents and youth.

17. The first expected output would be the increased access of women and men to quality reproductive health information and services that are sensitive to culture and gender. UNFPA would assist the Ministry of Health in designing strategies to fully integrate the ICPD approach in the implementation, monitoring and evaluation of reproductive health services. Support would be provided to continue strengthening the institutional capacity of the Ministry of Health in the technical, managerial and programmatic aspects of reproductive health. To build capacity at universities and institutes, support would be provided to incorporate in their curricula the concepts of integrated reproductive health services; gender equity and socio-cultural and user perspectives. UNFPA would provide technical assistance for the inclusion of reproductive health components in the ongoing health sector reform. The Ministry of Health would be assisted in the procurement of contraceptives. Assistance would be provided to develop activities involving Armed Forces and Police personnel to promote the participation of men in reproductive health. Given that women and men of indigenous groups have the least amount of access to reproductive health services, assistance would be provided to formulate strategies to facilitate access of these ethnic groups to quality reproductive health information and services. Towards that end, community participation and training of service providers would be supported.

18. The second expected output would be the preparation of a national policy on maternal mortality reduction. This is a priority for the Government, as well as for the international donors. UNFPA would coordinate with UNICEF, PAHO and USAID to provide technical assistance for the design and implementation of such a policy, emphasizing the involvement of NGOs and grassroots groups in local level strategies. Health personnel of the Ministry of Health would be provided training, including on the prevention and treatment of incomplete abortion, one of the main causes of maternal mortality in the country.

19. The third expected output would be improved access of adolescents and youth to quality reproductive health information and services. Given the significant proportion of unwanted pregnancies and the high incidence of induced abortion among adolescents and youth, attention would focus on these target groups. A priority activity would be the preparation of training packages for health professionals in charge of service delivery to adolescents. UNFPA would

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promote innovative information, education and communication activities on sexuality and reproductive health, involving students, parents and teachers. The activities would be carried out in two or three departments selected by the NSEP. Capitalizing on the successful past exchanges with Equatorial Guinea, Paraguay and Venezuela, South-South cooperation would be supported.

20. The fourth expected output would be the increased availability of reproductive health information and services to men and women in extreme poverty. Building on a strategy that proved successful under the previous programme, support would be provided to incorporate reproductive health and prevention of gender-based violence components in social programmes with national coverage. Efforts would focus on reaching women, men and adolescents in conditions of extreme poverty in 10 priority departments. Coverage would be extended to other departments if additional resources became available.

21. The fifth expected output would be the increased participation of civil society in monitoring the quality of reproductive health information and services at the local level. Building on the experience with NGOs during the previous programme, UNFPA would seek to promote and strengthen the active participation of civil society in programme monitoring activities. Strategies and methodologies would be developed to involve community groups in monitoring the quality of services, tracking client satisfaction and channelling complaints to the appropriate authorities to facilitate corrective action. These activities would be carried out in selected departments, operating through women's networks and national and/or departmental NGOs.

22. Reproductive health commodity security. Contraceptive supplies are financed and provided in a coordinated manner by USAID (pills, condoms and intrauterine devices), UNFPA (injectables and condoms) and the Government. UNFPA assists the Government with the procurement of commodities. An efficient information/logistics system exists in Peru and is managed by Asociación Benefica PRISMA, an NGO. While effective coordination and logistics management help to ensure a reliable supply of contraceptive commodities, the steady increase in demand and the prospect of diminishing resources from the two main donors raise serious concerns. At a time when it is cutting public expenditure in the face of economic constraints and financial deficits, the Government might find it difficult to bear additional costs. Hence, to avoid disruptions in contraceptive supply steps are being taken to approach other donors to contribute financial resources for the procurement of contraceptive commodities and to mobilize parliamentarians and women's organizations to lobby to ensure that the budget allocation for the procurement of contraceptives is not reduced. The Government also hopes that USAID and UNFPA would be able to maintain support at a level that would ensure a steady and adequate supply of contraceptive commodities. As was the case under the previous country programme, the Peruvian Government is considering allocating cost-sharing funds for UNFPA procurement of contraceptive supplies for the National Reproductive Health and Family Planning Programme, in the amount of $1.6 million annually.

23. An amount of $16 million would be allocated to the reproductive health subprogramme, $11.6 million of which would be sought through co-financing modalities and/or other sources, including government cost-sharing. UNFPA has initiated consultations with interested donors and there are indications that funding may be available. For example, donors of the Peru-Ecuador Bi-national Fund for Peace and Development would contribute to a bilingual literacy project on the themes of gender and reproductive health for indigenous communities.

24. Population and development strategies. The purposes of the population and development subprogramme would be to: (a) enhance the integration of population dimensions in sustainable development policies; (b) decentralize population and development plans and programmes; and (c) foster a culture promoting the production, analysis and dissemination of socio-demographic information with a gender focus for use in designing, monitoring and evaluating population policies and programmes, as well as other social programmes.

25. The first expected output would be the increased national capacity to integrate population dimensions in development policies at national, regional, and local levels. To this end, the technical capacity of Government and NGO staff would be enhanced through support to existing training programmes. Innovative approaches such as distance learning and South-South cooperation would be promoted. At the central level, UNFPA would support training of personnel involved in the execution of the NPP. Additionally, staff from three Regional Administration Councils and corresponding municipalities would be trained to integrate population dimensions in sustainable development plans. If additional funds become available, activities would be extended to other departments. A network of population experts and political and public opinion leaders would be established to stimulate and influence public debate on population and reproductive health issues, and to promote population studies as a scientific discipline. To that end, collaboration with universities would be sought and technical assistance would be provided to postgraduate university programmes. Integration of population and development themes in the undergraduate curricula of universities would also be encouraged.

26. The second expected output would be the increased availability and use of socio-demographic information with a gender focus. UNFPA would provide strategic technical assistance to the National Statistical Institute for the 2001 Population Census and the 2005 DHS. Support would be provided to promote a dialogue between users and producers of socio-demographic data. UNFPA would also promote operational and socio-cultural research on population and reproductive health themes. These efforts would be linked to advocacy activities focusing on the decision-making level and to training and capacity building at the technical level.

27. The third expected output would be the improved capacity to implement the NPP at the central and decentralized levels. The technical capacity of the National Coordinating Commission for the Implementation of the Population Plan (COORDIPLAN) and the Ministry for the Advancement of Women and Human Development (PROMUDEH) would be strengthened to implement, monitor and evaluate the NPP. A geographical information system would be created for the monitoring and evaluation of the NPP. Support would be provided for

decentralized implementation of the NPP in 3 of the 10 departments targeted under the subprogramme. Technical assistance would be provided to COORDIPLAN to design advocacy strategies to facilitate the execution of the NPP both at decentralized and central levels. These activities would be closely coordinated with other activities under this subprogramme and under the reproductive health and advocacy subprogrammes. UNFPA would continue to foster a policy dialogue on the implementation of the NPP and on other national programmes linked to the ICPD Programme of Action and the Beijing Platform for Action. Support would be extended to the TPC-ICPD and to other coordinating bodies concerned with the implementation of the ICPD and Beijing agendas, at central and decentralized level.

28. An amount of $2.6 million would be allocated to the population and development strategies subprogramme, of which $1.4 million would be sought through co-financing modalities and/or other resources. UNFPA has initiated consultations with interested donors and there are indications that funding may be available. For example, donors of the Peru-Ecuador Bi-national Fund for Peace and Development would contribute to the development of a geographical information system for the frontier area.

29. Advocacy subprogramme. The purposes of the advocacy subprogramme would be: (a) the creation of an atmosphere of acceptance and broad social and political support for gender and population issues; and (b) political support to improve existing legal frameworks, in order to facilitate wider access to reproductive health services, prevent domestic and gender-based violence and enable women, men and adolescents to exercise their reproductive rights.

30. The first expected output would be an increase in social and political support for gender issues, reproductive health and reproductive rights. A national strategy for advocacy and public information would be formulated. Meetings with parliamentarians and political leaders and the dissemination of advocacy messages would be supported to increase public awareness. The TPC-ICPD would be strengthened to advocate for and create alliances, agreements and commitments around the principles and recommendations of the ICPD Programme of Action.

31. The second expected output would be improved policies and legal frameworks for the exercise of reproductive rights and the prevention of gender-based violence. Advocacy activities would be undertaken to promote adolescent reproductive health. Advocacy support would be provided to develop a national policy on adolescent reproductive health and to revise the norms and laws that restrict access of adolescents to reproductive health services. Coordination would be fostered among the government institutions and NGOs involved in adolescent reproductive health activities. The central focus of the advocacy activities would be the prevention of unwanted pregnancies and risky sexual behaviour among youth. Support would continue for the promotion of reproductive rights initiated under the previous programme.

32. The third expected output would be an enhanced understanding of population and development interrelationships. This would be fostered to sustain the commitment of decision makers and other key actors to incorporating population and gender perspectives in development

policies, plans and programmes. UNFPA would provide technical assistance to COORDIPLAN and PROMUDEH to formulate a national advocacy strategy, based on the NPP and the research findings and data generated under the two other subprogrammes. Advocacy activities would also be directed to mobilizing resources from bilateral donors, the private sector, and foundations.

33. An amount of $0.8 million from UNFPA regular resources would be allocated to the advocacy subprogramme.

Programme implementation, coordination, monitoring and evaluation

34. The proposed programme would be implemented under a national execution modality. A programme management committee would be established, comprised of the Executive Secretariat for International Cooperation, the President and Vice-ministers of COORDIPLAN and the UNFPA Representative. The committee would oversee programme coordination, provide strategic guidance and evaluate programme progress annually. Three subprogramme coordinating committees would be established to supervise the subprogrammes and component projects and monitor progress. The aforementioned committees would maintain close coordination and information exchange with other development partners. Together with national counterparts, UNFPA would undertake supervisory visits to the projects at least twice a year. A mid-term review of the programme would be conducted during the first quarter of 2003.

35. The Population Census 2001 and the 2000 DHS would serve as the main sources of baseline information and data for the proposed programme. The 2005 DHS would be utilized to measure programme results. Programme monitoring and evaluation would be undertaken in accordance with UNFPA guidelines and procedures. Computer software for socio-economic and demographic data and digital maps developed under the previous country programme would be utilized for programme monitoring. National experts would be the main source of technical assistance for the proposed programme. Technical assistance would also be sought from the UNFPA Country Technical Services Team (CST) based in Mexico. To ensure an adequate transfer of technical knowledge to national counterparts and to enhance programme implementation, support would be provided for three National Professional Project Personnel. The UNFPA country office is composed of a Representative, a Deputy Representative, a National Programme Officer and General Service staff.

36. Under the proposed programme, an amount of $0.6 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Peru, as presented above, in the amount of $20 million, for the period 2001-2005, $7 million of which would be programmed from UNFPA regular resources, to

the extent that such resources are available, and the balance of $13 million would be sought through co-financing modalities and/or other, including regular, resources, to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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